4870 **MARYLAND STATE DEPARTMENT OF HEALTH** 04796

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 5 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7065 Oxon Hill Rd S.E.	STREET ADDRESS (If rural, give location) 646 EYE St. S.E.
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Ruth Allene Alexander	4. DATE OF DEATH (Month) (Day) (Year) May 2 1954
5. SEX F — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 6-3-1897 — 9. AGE last birthday 56 yrs. — If under 1 year Months Days — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Washington D.C. — 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Olando F. Mattingly	14. MOTHER'S MAIDEN NAME ANNA Mary S Kirving
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No — 16. SOCIAL SECURITY No. None	17. INFORMANT Mildred Hughes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170X

Immediate cause (a) Metastatic Carcinoma — 4 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to spine, liver, ribs, and — 5 months

(c) arms from Primary Ca of Breast.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION October 1942 — 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1954, to May 1, 1954, that I last saw the deceased alive on May 1, 1954 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Anna Coyne Todd 7519 Broadview Rd S.E 5-2-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF May 5-1954 — NAME OF CEMETERY OR CREMATORY Congressional Cemetery — LOCATION (City, town, or county) (State) Wash D.C.

DATE REC'D BY LOCAL REG. May 2-54 — REGISTRAR'S SIGNATURE Howard J Beall — 24. FUNERAL DIRECTOR Simmons Brothers — ADDRESS 1661 - Good Hope Road S.E. Wash 20 DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1954
BUREAU V. S.

4871

04797
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 243

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Rhode Island COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Lakewood 76X-3
STREET ADDRESS (If rural, give location) 7 Spofford

3. NAME OF DECEASED: (Type or Print) (First) Nils (Middle) Vernon (Last) Anderson
4. DATE OF DEATH (Month) 5 (Day) 18 (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 12/21/18
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Metalsmith
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Naval Air Station
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Nils Anderson
14. MOTHER'S MAIDEN NAME: Hulda S. Carlson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 11
16. SOCIAL SECURITY No.: 039030124
17. INFORMANT & ADDRESS: Father, same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

816X

Immediate cause (a) Hemorrhage and shock
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of the skull, crushed chest, abdomen
DUE TO and pelvis, fracture of the left leg and arm
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Road
21c. (City or town) Mitchellville (County) P. G. (State) Md.
16

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5/18/54 5:00 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Driver of an automobile that side-swiped a truck

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James I. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 5-21-54 NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery LOCATION (City, town, or county) Kent Co. Pontiac (State) R. I.

DATE REC'D BY LOCAL REG. 5-18-54 REGISTRAR'S SIGNATURE Amanda Sowney
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyatts, Md.

5-22-54 Agnes M. Yingling

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 5

RECEIVED
MAY 25 1954
BUREAU V. S.

4835

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04798

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 5½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Summerfield
STREET ADDRESS (If rural, give location) 4102-55th Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Leonard	Baker	May	8	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED OR DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Oct 30-1945	8 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Student	Student	Washington D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Russell C. Baker	Regina E. Cheeks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	None	Mother Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral concussion	
	(c) Automobile accident	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Bladensburg	Pr. Geo	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
5-8-54 7.45 p.m.		Struck by a Chevrolet Sedan.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J Maloney	M.D. Dep. Med. Exam.	Hyattsville, Md	5-9-54.

23. BURIAL, CREMATION, REMOVAL? (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/12/54	Mt Olivet Cemetery	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/9/54	Amanda Downey	W.W. Chambers Co,	Riverdale Md

RECEIVED
MAY 13 1954
BUREAU V. S.

4872 **MARYLAND STATE DEPARTMENT OF HEALTH** 04799

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham Md
   LENGTH OF STAY (In this place): 6 Months
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hickory Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lanham Md.
   STREET ADDRESS (If rural, give location): Hickory Hill Road.

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Claude (Last) Barr

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Apr 2, 1870

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William E. Barr

14. MOTHER'S MAIDEN NAME: Betty Ann Sweeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Marion M. Barr Lanham Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 443X Cerebral Thrombosis	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebro-Vascular Accident, Hemyplegia	2 years
	(c) Hypertensive Heart Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to April, 1954, that I last saw the deceased alive on April 30, 1954, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin S. Miller M.D.

ADDRESS: Mt. Rainier

DATE SIGNED: May 5 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/8/54

NAME OF CEMETERY OR CREMATORY: Ft Lincoln Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: May-8-54

REGISTRAR'S SIGNATURE: Edwd F. Sellers

24. FUNERAL DIRECTOR: Plascha Sons

ADDRESS: Hyattsville Md

RECEIVED
MAY 14 1954
BUREAU V[illegible]

4873 MARYLAND STATE DEPARTMENT OF HEALTH 04800

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 246

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
LENGTH OF STAY (In this place) 10 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5106 Crittenden St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural, give location) 5106 Crittenden Street

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Ready (Last) Bartley
4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-28-1866
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Electrician
11. BIRTHPLACE (State or foreign country) JOHNSON S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY BARTLEY
14. MOTHER'S MAIDEN NAME ELIZABETH (UNKNOWN)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 219-03-2208
17. INFORMANT AND ADDRESS Daughter in law - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville Md. DATE SIGNED 5-17-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 20 1954
NAME OF CEMETERY OR CREMATORY Washington Natl Cem. Suitland
LOCATION (City, town, or county) (State) Maryland

DATE REC'D BY LOCAL REG. May 17 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Severe Deputy Local
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS River Dale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05768

4836

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights, Md
STREET ADDRESS (If rural give location) 1106 - 60th Ave

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) A Belt

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1954

5. SEX: m
6. COLOR OR RACE: c
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 19, 1954
9. AGE last birthday — yrs. IF UNDER 1 YEAR Months — Days IF UNDER 24 HRS. Hours 34 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Belt, Isaiah
14. MOTHER'S MAIDEN NAME: Flood, Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Abnormal Pulmonary ~~Hypoplasia~~ Ventilation
DUE TO
ANTECEDENT CAUSE (S) (B) Prematurity
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/ 1954 to 5/20, 1954, that I last saw the deceased alive on 5/20, 1954 and that death occurred at 2:21 P M, from the causes and on the date stated above.

SIGNATURE T. A. Christensen M. D. ADDRESS College Park DATE SIGNED 5/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 6/4/54
NAME OF CEMETERY OR CREMATORY Prince George Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/19/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr. ADDRESS Lapsl

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

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JUN 25
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4837 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairmont Heights, Md.
STREET ADDRESS (If rural give location) 1106 – 60th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) B Belt
4. DATE OF DEATH: (Month) May (Day) 21, (Year) 1954

5. SEX: m
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 19, 1954
9. AGE last birthday — yrs. IF UNDER 1 YEAR Months — Days IF UNDER 24 HRS. Hours 52 Min. 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Belt, Isaiah
14. MOTHER'S MAIDEN NAME: Flood, Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Abnormal Pulmonary Ventilation
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Prematurity
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1954 to 5/21, 1954, that I last saw the deceased alive on 5/21, 1954, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

SIGNATURE T. A. Christensen M. D. ADDRESS College Park DATE SIGNED 5/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 6/4/54
NAME OF CEMETERY OR CREMATORY Prince Georges Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/19/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr. ADDRESS Supt

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 63

215401324

RECEIVED
JUN 25 1924
BUREAU V. S.

04801

MARYLAND 4838

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale
LENGTH OF STAY (in this place): 1hr. 20 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Virginia — COUNTY: Nansemond
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Suffolk
STREET ADDRESS (If rural, give location): 306 Morgan St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Baby Girl Benton
4. DATE OF DEATH (Month) (Day) (Year): May 29 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-29-54
9. AGE last birthday: yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours 1, Min. 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Electrician~~
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Riverdale, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Benton, John Walter
14. MOTHER'S MAIDEN NAME: Shipper, Mabel Lena
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: No.
17. INFORMANT AND ADDRESS: Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) prematurity - 6 mo pregnancy 1hr 20 min

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1954, to ....., 19.. .., that I last saw the deceased alive on May 29, 1954, and that death occurred at 3:50 a.m., from the causes and on the date stated above.

SIGNATURE: L W Malin MD (Degree or title) ADDRESS: Riverdale Md DATE SIGNED: 5-29-54

23. BURIAL CREMATION REMOVAL (Specify) — DATE: 5-30-54 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Bladensburg Md.

DATE REC'D BY LOCAL REC.: May 30 1917 — REGISTRAR'S SIGNATURE: James Devery

24. FUNERAL DIRECTOR: F. Gardiner Sons Hyattsville, Md. — ADDRESS:

2054284280

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04802

4839

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 6938 Emerson St.

3. NAME OF DECEASED: (Type or Print) (First) Judith (Middle) Ray (Last) Bowman

4. DATE OF DEATH: (Month) May (Day) 1. (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH: 6/17/94
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert C. Heffley
14. MOTHER'S MAIDEN NAME: Wilhemena Floto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wm Heckel 6938 Emerson St. Hyattsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 36 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/30, 1954 to 5/1, 1954 that I last saw the deceased alive on 5/1, 1954 and that death occurred at 8:15 P.m., from the causes and on the date stated above 5/1/54

SIGNATURE Frederick E. Munn (DEGREE OR TITLE) M.D. ADDRESS 7409 Varnum St. Landover Hills DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/4/54
NAME OF CEMETERY OR CREMATORY IOOF Cemetery
LOCATION (City, town, or county) Berlin (State) Pa. Md

DATE REC'D BY LOCAL REG. 5/2/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gascha Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 4 1954
BUREAU V. S.

04804

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4840 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Tennessee COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. LENGTH OF STAY (in this place)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chattanooga
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.	STREET ADDRESS (If rural give location) 928 McCallie, Ave.

3. NAME OF DECEASED: (Type or Print) (First) Hallie (Middle) Barnes (Last) Brumby			4. DATE OF DEATH: (Month) May (Day) 8, (Year) 1954		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH 17 April 1877	9. AGE last birthday 77 yrs.	IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10B. KIND OF BUSINESS OR INDUSTRY: Own home	11. BIRTHPLACE (State or foreign country): Alabama	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Barnes		14. MOTHER'S MAIDEN NAME: Harriett Taylor	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT & ADDRESS: Lyde B. Henry Same as # 2 (Niece)	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.0 IMMEDIATE CAUSE	(A) Coronary Thrombosis	36 hrs.
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerotic Heart Disease	5 years
DUE TO		
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Adeno Carcinoma of Bladder	6 mos

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-8, 1954, to 5-8, 1954 that I last saw the deceased alive on 5-8, 1954, and that death occurred at 8.50 p M, from the causes and on the date stated above.

SIGNATURE Maurice Daniel Cameron M.D. ADDRESS 3503 Perry W. Mt Rainier Md DATE SIGNED 5/8/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	DATE THEREOF 5/11/1954	NAME OF CEMETERY OR CREMATORY White Oak Cemetery	LOCATION (City, town, or county) (State) Chattanooga Tennessee
DATE REC'D BY LOCAL REGISTRAR 5/9/54	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR F. Gasch's Sons	ADDRESS Hyattsville, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

Dr John Maloney notified comissing
24 hour law. Body released to
P G G H. N.D. Cannan MD

RECEIVED
MAY 13 1954
BUREAU V. S.

4841

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04805

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Strawberry Hill

3. NAME OF DECEASED: (Type or Print) (First) Sarah Ellen (Middle) (Last) Burgdorf
4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4/7/95
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Robert Garrison
14. MOTHER'S MAIDEN NAME: Sara E. Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: D. H. Carruth, Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Acute carbon monoxide poisoning	
DUE TO		
	(c)	

973.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Upper Marlboro (County) P. G. (State) Md.
21d. TIME OF INJURY (Month) 5 (Day) 8 (Year) 54 (Hour) 11:30 A.M.
21e. INJURY OCCURRED While at Work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Inhaled fumes from car exhaust

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒ Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒ x
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5/8/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/11/54
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland, Pr. Ge. Md.
DATE REC'D BY LOCAL REG. 5/8/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm. Lee Undertaker
ADDRESS 200 4½ St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAY 13 1954
BUREAU V

Film#C165 Item# 9
5/10/54 emf

04806

MARYLAND 4842

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md. | LENGTH OF STAY (In this place) 4 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1332 - 2nd St. S.E.

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) (Last) Cadell
4. DATE OF DEATH: (Month) May (Day) 2, (Year) 1954

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Sept 30, 1889 | 9. AGE Last birthday 64 6/12 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Va | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edward Garrett | 14. MOTHER'S MAIDEN NAME Sarah E. Dempsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Jos. E. Cadell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 X Immediate cause	(a) Cerebral Vascular Accident	5 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Previous Cerebral Vascular Accident	1 yr
	(c) Hypertensive Cardio Vascular Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 19 54, to May 2, 19 54, that I last saw the deceased alive on April 15, 19 54, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gordon W. Kelley MD 6124 - 41st Ave. Hyatts. Md 5/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Buried May 4-54 | Cedar Hill Cemetery | Suitland Md

DATE REC'D. BY LOCAL REG. 5/2/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR ADDRESS Simmons Brothers 1661 Good Hope Rd S.E. DC

RECEIVED
MAY 4 1954
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04807

9874

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:
COUNTY Pr. Geo's — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Mitchellville
LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Y

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mitchellville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nettie (Middle) E. (Last) Chaney

4. DATE OF DEATH: (Month) 5 (Day) 21 (Year) 1954

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 6, 1875

9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Carrick

14. MOTHER'S MAIDEN NAME: - Rose Loveless.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: Mr. Roy A. Chaney Mitchellville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Congestive Heart Failure	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arthritis Deformans	5 yrs
	(c) DUE TO Secondary Anemia	6 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteliosclerosis — 20 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.: None — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1954, to May 22, 1954 that I last saw the deceased alive on May 22, 1954 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James E. Sasscer M.D. — ADDRESS Upper Marlboro — DATE SIGNED May 27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/23/54 — NAME OF CEMETERY OR CREMATORY St. Barnabas Episcopal — LOCATION (City, town, or county) Leland — (State) Md.

DATE REC'D BY LOCAL REG. 5-25-54 — REGISTRAR'S SIGNATURE Louise H. Peach — 24. FUNERAL DIRECTOR Ritchie Bros. — ADDRESS Upper Marlboro, Md.

5-27-54 Mrs. Agnes M. Yingling

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 2 1954
BUREAU V. S.

4875

04808 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. [illegible]

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brown Station Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) Brown Station Road

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Lloyd (Last) Chase

4. DATE OF DEATH (Month) 5 (Day) 30 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: May 27 1907

9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) farmer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Albert Chase

14. MOTHER'S MAIDEN NAME: Katy Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Louise Sawyer, Pennsadian

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardiovascular renal disease	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, ~~Inquiry~~ ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Samuel J. Lloyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 5-30-54

23. BURIAL, ~~CREMATION, REMOVAL (Specify)~~: DATE THEREOF 6/2/54 NAME OF CEMETERY ~~OR CREMATORY~~: Mt Hope LOCATION (City, town, or county) (State) Camp Springs Md

DATE REC'D BY LOCAL REG. May 30 54 REGISTRAR'S SIGNATURE Edna F. Gillum

24. FUNERAL DIRECTOR Lone Ford ADDRESS 1213 4th St SW Washington DC

#346

RECEIVED
JUN 4 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04809

4827

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: Prince George
COUNTY 5420-55th Pl MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
LENGTH OF STAY (in this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5420-55th Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
STREET ADDRESS (If rural give location) 5420-55th Place

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Ralph W. Coddington
4. DATE OF DEATH: (Month) (Day) (Year) May 13, 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Apr. 9, 1872
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Teachers Agency
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richardson Coddington
14. MOTHER'S MAIDEN NAME: Phoebe sims

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Hazel Coddington Riverdale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uremia (Hypostatic Congestion)
DUE TO
(c) Pneumonia

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12, 1954, to 5-13, 1954, that I last saw the deceased alive on 5-12, 1954, and that death occurred at 7:15 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Oliver E. Thompson MD
ADDRESS 1934 Ellsworth Silver Spg. Md
DATE SIGNED 5/13/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/17/54
NAME OF CEMETERY OR CREMATORY Lt Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR May 15 1954
REGISTRAR'S SIGNATURE James Severe
24. FUNERAL DIRECTOR F Gasche Sons
ADDRESS Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 18 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04810

4843

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 20
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bladensburg.
STREET ADDRESS (If rural give location) 5410 - Tausig Road.

3. NAME OF DECEASED: (Type or Print) (First) Belle (Middle) K. (Last) Cox

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Sept. 23, 1877
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New York.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clarence Kimball
14. MOTHER'S MAIDEN NAME: Inez Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S ADDRESS: Billy McGraw Daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Adeno Carcinoma of
ANTECEDENT CAUSE (B) DUE TO Bowel with metastases — INTERVAL BETWEEN ONSET AND DEATH: 3 months
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Feb. 7, 1954
19B. MAJOR FINDINGS OF OPERATION: adenocarcinoma of Bowel
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1952 to May 12, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 10:25 P. M., from the causes and on the date stated above.
SIGNATURE Samuel S. Sugar M. D.
ADDRESS 7610 Fairview Rd Takoma Park Md
DATE SIGNED 5/12/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 13 1954
NAME OF CEMETERY OR CREMATORY Syracuse
LOCATION (City, town, or county) (State) Syracuse N. Y.

DATE REC'D BY LOCAL REGISTRAR May 12 1954
REGISTRAR'S SIGNATURE Amanda Sheesley
24. FUNERAL DIRECTOR 1956 Pennsylvania Ave S.E. ADDRESS
Forsyth Saunders Sons

5/14/54

RECEIVED
MAY 17
BUREAU V. S.

4844 MARYLAND STATE DEPARTMENT OF HEALTH 05783

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. Pr. Geo. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Southern Md. Tobacco Co.

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) (Last) Crowder
4. DATE OF DEATH (Month) 5 (Day) 31 (Year) 1954
5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-6-1902
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Tobacco
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ?
14. MOTHER'S MAIDEN NAME ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumococcus Meningitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 6-1-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6-6-54
NAME OF CEMETERY OR CREMATORY Oak Hill
LOCATION (City, town, or county) (State) Danville, Va

DATE REC'D BY LOCAL REG. 6/3/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Karolyn Fun Home
ADDRESS Danville, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04811

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS University of Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Seat Pleasant
STREET ADDRESS (If rural, give location) 6332 - Rollins Ave

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) Joseph (Last) Daniell
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1954
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 12-21-08
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Paul Joseph Daniell
14. MOTHER'S MAIDEN NAME Rosa - Ivy Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. W.W. (If yes, give war or dates of service) 2
16. SOCIAL SECURITY No. 579-05-6729
17. INFORMANT AND ADDRESS Wife; Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auricular fibrillation & auricular flutter.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney (Degree or title) M.D. ADDRESS Dep. Med. Exam. Hyattsville, Md DATE SIGNED 5-10-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/13/54
NAME OF CEMETERY OR CREMATORY Arlington Nat. Cemetery
LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. May 13 1954
REGISTRAR'S SIGNATURE Mrs Jos. Severe Deputy Reg.
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAY 14 1954
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

04812

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 3A
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clara (Middle) Virginia (Last) Dorsey
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1954
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH 4-16-09
9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.G.
13. FATHER'S NAME William Patton
14. MOTHER'S MAIDEN NAME Susie Randall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Tillie Thomas Bowie Md. (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

482X

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized peritonitis

(c) Incised wound of liver.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Bowie (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-9-54 9:37 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Stabbed with a butcher knife

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John T. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 5-14-54

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 5/15/54
NAME OF CEMETERY OR CREMATORY Rollins Funeral Home
LOCATION (City, town, or county) (State) 4339 Hunt Place, N.E.

DATE REC'D BY LOCAL REG. 5/15/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Myrtle R. Rollins ADDRESS Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAY
BUREAU V. S.

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04813

MARYLAND 4876 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) 6701 F Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) WALTER WILLIAM DUNNINGTON	4. DATE OF DEATH (Month) (Day) (Year) May 9th 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Male	White	Widower	9/1/1882	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Care Taker	10b. KIND OF BUSINESS OR INDUSTRY Cemetery	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Dunnington		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY No. 225-05-4670	17. INFORMANT AND ADDRESS Walter Dunnington (Son) 6701 F St Seat Pleasant Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X

Immediate cause (a) CARDIO - RESPIRATORY FAILURE

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METASTATIC CARCINOMA - primary lesion believed to be rt. upper lobe of the rt. lung

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC., 1953, to MAY 9, 1954, that I last saw the deceased alive on MARCH, 1954, and that death occurred at 6 p. m., from the causes and on the date stated above.

SIGNATURE Max M. Herzberg (Degree or title) M.D. ADDRESS 7016 - Greig St., Seat Pleasant DATE SIGNED 5-9-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/12/54	NAME OF CEMETERY OR CREMATORY Mt Calvary Cemetery	LOCATION (City, town, or county) (State) Mt Zion Md.
DATE REC'D BY LOCAL REG. May 10, 1954	REGISTRAR'S SIGNATURE Carrie F. Campbell	24. FUNERAL DIRECTOR W. W. Chambers Co. 517 11th St S.E.	ADDRESS

MARGIN RESERVED FOR BINDING

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MAY 14 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04814

4877

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Univ. Hills Hyatts., Md.
LENGTH OF STAY (in this place) 4 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3414 Purdue St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Univ. Hills Hyatts., Md.
STREET ADDRESS (If rural, give location) 3414 Purdue St.

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) ROXANNA (Last) FAGAN

4. DATE OF DEATH: (Month) May (Day) 9th. (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11 Sept 1883

9. AGE last birthday: 70 Yrs. yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis McKinley

14. MOTHER'S MAIDEN NAME: Margaret Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Geo. W. Wagner Same as # 2 (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Cardio-vascular Disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 19 48, to May 9, 19 54, that I last saw the deceased alive on May 6, 19 54, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Ronald A. Fleischer (DEGREE OR TITLE) ADDRESS 5432 Queen Chapel Rd Hyattsville Md DATE SIGNED 5/10/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/11/1954 NAME OF CEMETERY OR CREMATORY Ceder Hill Cemetery LOCATION (City, town, or county) Suitland Pr. Geo. (State) Md.

DATE REC'D BY LOCAL REG. May 10 1954 REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MAY 12 1[illegible]
BUREAU V. S.

4846

04815

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Hills.
STREET ADDRESS (If rural, give location) 3414 Purdue St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) FRANCIS (Last) Fagan

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH March 29, 1880

9. AGE last birthday 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis L Fagan

14. MOTHER'S MAIDEN NAME Sarah Jane Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. George Wagner University Hills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardio-vascular renal disease — 7 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to May 4, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 6 55 A.m., from the causes and on the date stated above.

SIGNATURE Robt. Flemer (Degree or title) ADDRESS 5432 Queens Chapel Rd Hyattsville Md DATE SIGNED 5/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE May 7 1954 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) Suitland Md (State)

DATE REC'D BY LOCAL REG. 5/5/54 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR F Gascha sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4847

04816

CERTIFICATE OF DEATH

Reg. Dist. No. 237

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Allentown,
STREET ADDRESS (If rural give location) 6901 Allentown Rd.

3. NAME OF DECEASED: (Type or Print) (First) Maude (Middle) E. (Last) Fenton
4. DATE OF DEATH: (Month) 5 (Day) 18 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-13-02
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Chas. B. Fenton Son 7115 Decatur St Hyattsville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO (B) Tumor obstruction of ureters c̄ hydronephrosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma of the uterine cervix — 6 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1954, to May 18, 1954, that I last saw the deceased alive on May 18, 1954, and that death occurred at 8:35 P.M, from the causes and on the date stated above.

SIGNATURE Hans Wadak — ADDRESS M. D. 30-C Bridge Rd. Greenbelt, Md. — DATE SIGNED 5-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 5/21/54 — NAME OF CEMETERY OR CREMATORY: Arlington Natl — LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REGISTRAR: 5/20/54 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: 517 No. St S.E.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 1 1 1954
BUREAU V. S.

MARYLAND 4848

04817

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R.F.D. 1 — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 109 2nd St, Laurel

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 109 2nd St

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Merrill (Last) Fisher

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: January 24 1888

9. AGE last birthday: 66 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Fruit Growers Exprss

11. BIRTHPLACE (State or foreign country): Laurel Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David M. Fisher

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Band

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO. 718-18-7389

17. INFORMANT AND ADDRESS: 109 2nd St David M. Fisher Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42.30

Immediate cause (a) Pulmonary edema — Interval between onset and death: 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic heart disease — 5 years

(c) Hypertensive — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1954, to May 20, 1954, that I last saw the deceased alive on May 20, 1954, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank L. Weaver, Jr. MD — ADDRESS 305 Prince Geo. Laurel, Md — DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 5/26/54 — NAME OF CEMETERY OR CREMATORY Any Hill Cemetery — LOCATION (City, town, or county) (State) Laurel Md

DATE REC'D BY LOCAL REG. May 26-54 — REGISTRAR'S SIGNATURE M. Brashears — 24. FUNERAL DIRECTOR: De Will Donaldson — ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 28 1954
BUREAU V. S.

04818

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4878

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 1 month and 21 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1129 12th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Archibald (Middle) (Last) Fraser

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12/13/1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Air conditioning engineer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Liberty, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Fraser

14. MOTHER'S MAIDEN NAME: Mary O'Hara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

162X Immediate cause (a) Bronchogenic Carcinoma L Lung — INTERVAL BETWEEN ONSET AND DEATH: unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

002X (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Pulmonary tuberculosis — 3 yrs. 11 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 9, 1954, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Pinecane (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Md. DATE SIGNED May 30/54

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 6/4/54 NAME OF CEMETERY OR CREMATORY Washington Nat Cem LOCATION (City, town, or county) Prince Georges (State) Maryland

DATE REC'D BY LOCAL REG. 5/31/54 REGISTRAR'S SIGNATURE Neal Weiss

24. FUNERAL DIRECTOR W. W. Chambers ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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RECEIVED
JUN 7 1954
BUREAU V.

04819

4849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 3 yr. 8 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington 47
STREET ADDRESS (If rural, give location): 1316 W. St. S. E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): KATE G. FREELAND
4. DATE OF DEATH (Month) (Day) (Year): 5-3-1954

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 1-22-1883
9. AGE last birthday: 71 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk - retired
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Warrenton, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. German
14. MOTHER'S MAIDEN NAME: Amelia Ann Monroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: 5009-13th St. N.W. Rev. M.P. German Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1

Immediate cause (a) Chronic Myocarditis — 4 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Endocarditis — 4 years

(c) Cerebral Hemorrhage — 1 day

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2-, 1950, to 5-3-, 1954, that I last saw the deceased alive on 5-2-, 1954, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE: James P. Sands, M.D. (Degree or title) — ADDRESS: Laurel Sanitarium, Laurel, Md. — DATE SIGNED: 5-3-1954

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 5-54 — NAME OF CEMETERY OR CREMATORY: Prospect Hill — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 5-3-54 — REGISTRAR'S SIGNATURE: M. Beasheare — 24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2901-14th St. N.W. Wash. D.C.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6
BUREAU V. S.

04821

MARYLAND — **STATE DEPARTMETT OF HEALTH**

4879

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George. — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Laurel — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Brookland Bridge Rd COUNTY Prince George. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Laurel Md — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Edward (Last) Fulton

4. DATE OF DEATH: (Month) 5 (Day) 5 (Year) 54

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Aug 14-1892 — 9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY: General Construction — 11. BIRTHPLACE (State or foreign country): Laurel Md. — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Arthur Fulton — 14. MOTHER'S MAIDEN NAME: Angelene Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. 219-05-0544 A — 17. INFORMANT AND ADDRESS: Mrs Hilda Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	Instant.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis.	2 ½ yrs.
	(c) Generalized Arteriosclerosis	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11/53 to 5/5/54, that I last saw the deceased alive on 5/4/54, and that death occurred at 10:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Warren M.D. — ADDRESS Laurel — DATE SIGNED 5/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 8-1954 — NAME OF CEMETERY OR CREMATORY: Ivy Hill — LOCATION (City, town, or county) (State): Laurel, Md

DATE REC'D BY LOCAL REGISTRAR: May 7-54 — REGISTRAR'S SIGNATURE: M. Bradshaw — 24. FUNERAL DIRECTOR — ADDRESS: Laurel, Md.

MARGIN RESERVED FOR BINDING

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RECEIVED
MAY 1[illegible]
BUREAU V. S.

4823 MARYLAND STATE DEPARTMENT OF HEALTH 04822

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
LENGTH OF STAY (In this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5028 - Nantucket

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE S. Dakota - COUNTY Hand.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Miller
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ruth (Last) Gardner
4. DATE OF DEATH (Month) May (Day) 31 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 11, 1890
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willis Butler
14. MOTHER'S MAIDEN NAME Elsie Holmes.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Husband - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. Dep. Med. Exam. (Degree or title) ADDRESS Hyattsville, Md. DATE SIGNED 5-31-54

23. BURIAL, CREMATION REMOVAL (Specify) transportation
DATE THEREOF June 1, 1954
NAME OF CEMETERY OR CREMATORY Miller
LOCATION (City, town, or county) South Dekota (State)
DATE REC'D BY LOCAL REG. June 1 1954
REGISTRAR'S SIGNATURE Ons Jas Severe Deep Local
24. FUNERAL DIRECTOR F Gasch's Sons Hyattsville, Maryland. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 3 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04823

4828 CERTIFICATE OF DEATH Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hyattsville R.3
LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4100 Gallatin

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural give location) 4100 Gallatin st

3. NAME OF DECEASED: (Type or Print) (First) Ruthanna (Middle) Stringer (Last) Glaze

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 17 Aug. 1895

9. AGE last birthday: 58 yrs.
If UNDER 1 YEAR Months Days
If UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Jenkintown Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William J Stringer

14. MOTHER'S MAIDEN NAME: Ella Fenimore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Francis W. Glaze 4100 Gallatin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute heart failure (congestive) — Interval Between Onset And Death: 12 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Generaliged Carcinomatosis
DUE TO (c) Carcinoma Uterus — 1 yr.

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... 1928, to 17 May, 1954, that I last saw the deceased alive on 17 May, 1954, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos E Mattingly MD ADDRESS 2200 R.I. ave N.E. 18 D.C. DATE SIGNED 18 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/20/54 NAME OF CEMETERY OR CREMATORY Ft Lincoln LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR May 19 1954 REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR F Tasch Sons ADDRESS Hyattsville Md

RECEIVED
MAY 21 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0482431

4850

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly. LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Prince Georges~~ Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Jessup. - Rural 13
STREET ADDRESS (If rural give location) Balto.- Wash. Blvd

3. NAME OF DECEASED (Type or Print): SARAH (First) Elizabeth (Middle) Gordon (Last)

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.
8. DATE OF BIRTH: 27 Sept 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Crane
14. MOTHER'S MAIDEN NAME: Sarah Mulligan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Myrtle Oliver, Jessup, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension Cardio Vascular Disease — 10 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1954, to 5-22, 1954, that I last saw the deceased alive on 5-22, 1954, and that death occurred at 2:43 AM, from the causes and on the date stated above.

SIGNATURE: Waldo B. Mayus M.D. ADDRESS: Mt. Rainier Md DATE SIGNED: 5-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5/25/54
NAME OF CEMETERY OR CREMATORY: St John's Cemetery
LOCATION (City, town, or county) (State): Pfeffers Corner Md

DATE REC'D BY LOCAL REGISTRAR: May 25-54
REGISTRAR'S SIGNATURE: Frank Shipley Amanda Downey
24. FUNERAL DIRECTOR: De Witt Donaldson ADDRESS: Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04825

4880 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3-42

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (In this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6870 Oxon Hill Rd S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) 6870 Oxon Hill Rd S.E.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Henry (Last) Gross

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: July 18, 1878

9. AGE last birthday: 75 yr. yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): St. Mary's County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Henry Gross

14. MOTHER'S MAIDEN NAME: Mary Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Lucy Henson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Decompensation	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Degenerations	2 wks.
	(c) Hypertensive Heart Disease	4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/17, 1954, to 5/19, 1954, that I last saw the deceased alive on 5/17, 1954, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Anna Coyne Todd, M.D. — 7519 Broadview Rd S.E. — 5/19/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5-22-54 — NAME OF CEMETERY OR CREMATORY: CHAPEL HILL CHURCH — LOCATION (City, town, or county) (State): MARYLAND MD.

DATE REC'D BY LOCAL REG.: May 19-54 — REGISTRAR'S SIGNATURE: Edna F. Collins — 24. FUNERAL DIRECTOR — ADDRESS: JOHN T RHINES-CO. 901 3rd ST. S.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1954
BUREAU V. S.

04826

MARYLAND 4851

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 10 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C. X
STREET ADDRESS (If rural, give location) 61st & Central Ave.

3. NAME OF DECEASED (Type or Print) (First) Ernest (Middle) FREDERICK (Last) Guy

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Jan 26, 1887
9. AGE last birthday 67 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Guy
14. MOTHER'S MAIDEN NAME ? Lathan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Mae Guy - Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

521X

Immediate cause (a) Meningitis, purulent, pneumococcal — 24 hrs

Antecedent cause(s) (b) Lung Abscess, right apex? — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1954, to ....., 19....., that I last saw the deceased alive on May 5, 1954, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

SIGNATURE Hans Wodak (Degree or title) M.D. ADDRESS 30-C Bridge Rd Greenbelt, Md. DATE SIGNED 5-7-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 5/8/54
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. 5/7/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche Sons Hyattsville ADDRESS Md

RECEIVED
MAY 13 1954
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04827

1852

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside, Maryland
STREET ADDRESS (If rural give location) 1201 48th Avenue

3. NAME OF DECEASED: (Type or Print) (First) Clarence (Middle) A. (Last) Hall
4. DATE OF DEATH: (Month) May (Day) 17, (Year) 19 54

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 1, 1894
9. AGE last birthday: 59 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repairman
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): none
16. SOCIAL SECURITY NO. 578-40-6036
17. INFORMANT & ADDRESS: Sarah Hall 1201 48th Ave Hillside Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of thyroid. — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-11-, 1954, to 5-16-, 1954, that I last saw the deceased alive on 5-15, 1954., and that death occurred at 10:55 P.M., from the causes and on the date stated above.

SIGNATURE Hans Wedeka M.D. ADDRESS 30-C Briggs Rd, Laurel Md. DATE SIGNED 5-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 5-20-54
NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem
LOCATION (City, town, or county) (State): Suitland, Md

DATE REC'D BY LOCAL REGISTRAR: 5/18/54
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: W.W. Chamberlain Co ADDRESS 5313 Benning Rd. S.E. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04828

4853 **CERTIFICATE OF DEATH** Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Maryland
LENGTH OF STAY (in this place) 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 6201 Utah Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Harriett (Middle) (Last) Heald
4. DATE OF DEATH: (Month) May (Day) 29, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 30, 1894
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker
10B KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Woodville, Miss
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. S. P. Ventness
14. MOTHER'S MAIDEN NAME: Willie Galloway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Husband 6201 Utah Ave N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(A) Duodenal ulcer perforation hemorrhage — 28 days
DUE TO
(B) Cardiac failure — 20 yrs
DUE TO
(C) Fracture left femur — 8 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Cardio-renal disease, cholelithiasis, cirrhosis

19A. DATE OF OPERATION: 5-24-54
19B. MAJOR FINDINGS OF OPERATION: Ruptured ulcer, duodenum, cholelithiasis
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital
21C. WHERE DID INJURY OCCUR? (City or town) Cheverly (County) Pr. Geo. (State) Md.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-20-54 M.
21E INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Fell while stepping into a wheel chair

22. I hereby certify that I attended the deceased from May 4, 1954, to May 29, 1954, that I last saw the deceased alive on May 29, 1954, and that death occurred at 10:55 P.M., from the causes and on the date stated above.

SIGNATURE Donald W. Mitchell M.D. M.D. ADDRESS 1746 K St NW DATE SIGNED Wash DC 5/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/1/54
NAME OF CEMETERY OR CREMATORY Rock Creek ~~Ft. Lincoln Cem.~~
LOCATION (City, town, or county) Wash. D.C. (State) ~~Prince George Co. Md.~~

DATE REC'D BY LOCAL REGISTRAR 5/30/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Approved after investigation - 5-3[illegible]3-54.
John J. Maloney, M.D. Dep. Med. Examiner,
Prince Georges County.

RECEIVED
JUN 3 1954
BUREAU V. S.

4854

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

04829

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND — LENGTH OF STAY (In this place) 3 hrs
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 5724 - Carlyle Avenue

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) (Last) Lepner

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1954

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed — 8. DATE OF BIRTH: Jan. 9 1873 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H. Eddins — 14. MOTHER'S MAIDEN NAME: Hulda Elnore Haney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs. J. W. Spencer - Arlington, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0
Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2nd & 3rd degree burns of body

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Hyattsville — (COUNTY) Pr. Geo's — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 5-15-54-2:55 — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Conflagration in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Hyattsville, Md 5-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 18, 1954 — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) Baltimore — (State) Md.

DATE REC'D BY LOCAL REG. 5/17/54 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS F. Rosche Sons Hyattsville, Md.

MAY 21 1
BUREAU V. S.

04830

4824

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park, 1 | LENGTH OF STAY (in this place) 29 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Paint Branch Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE No. Carolina COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Asheville

STREET ADDRESS (If rural, give location) 114 Norwood Ave.

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) (Last) Herrmann

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: July 13, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-operator

10b. KIND OF BUSINESS OR INDUSTRY: Furniture-lumber

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Herrmann

14. MOTHER'S MAIDEN NAME: Rosa Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Former wife - 6905 40th Ave., Univ. Pk. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

157X

Immediate cause (a) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 7 weeks

DUE TO

Antecedent cause(s) (b) Carcinoma of the body of the pancreas — 1 year

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 30, 1954, to May 27, 1954, that I last saw the deceased alive on May 27, 1954, and that death occurred at 8:58 p.m., from the causes and on the date stated above.

SIGNATURE Arthur R. Bergman, M.D. (DEGREE OR TITLE) ADDRESS 8801 Colesville Rd, Silver Spring, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Cremation | DATE THEREOF 5-28-54 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | LOCATION (City, town, or county) Prince George Co. (State) Md.

DATE REC'D BY LOCAL REG. 5-29-54 | REGISTRAR'S SIGNATURE James Berry | 24. FUNERAL DIRECTOR Francis J Collins | ADDRESS 3821-14 St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

FLORA.

RECEIVED
JUN 1
BUREAU V. S.

04831

4825

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY: Pr Geo — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): COLLEGE PARK
LENGTH OF STAY (in this place): 8 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5008 EUTAW PLACE

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MD — COUNTY: Mont
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): COMUS
STREET ADDRESS (If rural, give location): NONE

3. NAME OF DECEASED (Type or Print): (First) ROSIE (Middle) ELLEN (Last) HESSIE
4. DATE OF DEATH (Month) MAY (Day) 15 (Year) 1954

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: SEPT. 16/1874
9. AGE last birthday: 79 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MD
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: GEORGE MOBLEY
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NONE
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: ELSIE R. BILLE - 5008 - EUTAW PL. COLLEGE PARK MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ① Carcinoma of Bladder with cerebral metastases.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ② Arterio-sclerotic Heart Disease with chronic congestive failure

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB, 1954, to MAY, 1954, that I last saw the deceased alive on MAY 14, 1954, and that death occurred at 7:20 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: College Park, Md — DATE SIGNED: 5-15-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: MAY 18, 1954 — NAME OF CEMETERY OR CREMATORY: MOUNT VIEW CEMETERY — LOCATION (City, town, or county): PURDUMM (State): MD

DATE REC'D BY LOCAL REG.: May-17-1954 — REGISTRAR'S SIGNATURE: John D. Smith — 24. FUNERAL DIRECTOR: W.W. CHAMBERS CO. — ADDRESS: RIVERDALE, MD

MARGIN RESERVED FOR BINDING

M

I

RECEIVED
MAY 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

4881 2411 N. Charles Street, Baltimore 04832

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Temple Hills | LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Stone
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) HOFFMAN

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 29-1876

9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Otisco N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman A. Hoffman

14. MOTHER'S MAIDEN NAME: Katharina Edinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Roger Hoffman 5239-Foster Road S E

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	Yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 13, 1953, to January 15, 1954 that I last saw the deceased alive on May 14, 1954, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE John H. Dejon (Degree or title) ADDRESS 2210 Mobile Ave S.E. Wash D.C. DATE SIGNED 5-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 18-54 | NAME OF CEMETERY OR CREMATORY Amber Cemetery | LOCATION (City, or town, or county) (State) Amber N.Y.

DATE REC'D BY LOCAL REG. May 15-54 | REGISTRAR'S SIGNATURE Howard Beall mmf | 24. FUNERAL DIRECTOR Simmons Bros | ADDRESS 1661 Good Hope Rd. S.E. Wash D.C.

RECEIVED
MAY 19 1954
BUREAU V. S.

Item 9 film G167 (167) 6/7/54 cm 4882

04833

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randolph Village

LENGTH OF STAY (in this place) 7 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Randolph Village

STREET ADDRESS (If rural, give location) Central Avenue

3. NAME OF DECEASED: (Type or Print) (First) Happie (Middle) Jack (Last) Houff

4. DATE OF DEATH (Month) 5 (Day) 23 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/1/17

9. AGE last birthday: 37 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, [illegible]): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jack Carpenter

14. MOTHER'S MAIDEN NAME: Sallie Roach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles M. Houff, Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

916.0

Immediate cause (a) Toxemia, exhaustion

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Extensive burns on the dorsal surfaces of the body

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

21c. (City or town) Randolph Village (County) P. G. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 2/20/53 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Robe caught on fire from fire plac

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 5/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 5-26-54

NAME OF CEMETERY OR CREMATORY Washington National

LOCATION (City, town, or county) Suitland, Md. (State)

DATE REC'D BY LOCAL REG. 5-26-54

REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell

24. FUNERAL DIRECTOR F. Dasch's Sons, ADDRESS Hyattsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUN 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04834

4855 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale | LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~45~~ Md. COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville
STREET ADDRESS (If rural give location) 4510 Buchanan St.

3. NAME OF DECEASED: (Type or Print) (First) Mima (Middle) V. (Last) Hudson
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Jan. 22, 1882
9. AGE last birthday: 72 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mich.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Ira Fuller
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Monk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Husband George Hudson same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1938, to May 5, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 9 25 AM, from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale Md DATE SIGNED 5-5-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/8/54 | NAME OF CEMETERY OR CREMATORY Ft Lincoln | LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR May 7 1954 | REGISTRAR'S SIGNATURE James Devery

24. FUNERAL DIRECTOR Gasch & Sons Hyattsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1954
BUREAU V. S.

4884

04836

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 174

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights; LENGTH OF STAY (in this place) Transit; HOSPITAL OR INSTITUTION OR STREET ADDRESS H.S.P. & 65 in Cove

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia — COUNTY ---; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 1524 Gales Street N.E.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) [illegible] (Last) Jamison Jr.

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 3-20-40

9. AGE last birthday: 14 yrs. If under 1 year: Months; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School-Boy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington DC

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Jamison Sr.

14. MOTHER'S MAIDEN NAME: Geraldine Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George Jamison - 1000 [illegible] Place Wash. D.C.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8 & 7 X

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compound, comminuted frac-

(c) ture of skull with laceration of brain.

INTERVAL BETWEEN ONSET AND DEATH:

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY: Street

(CITY OR TOWN): Cedar Heights-Pr Geo-

(COUNTY): Md

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): 5-22-54 8:05 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? (Burning gas passing train. Struck. Fell off. Run over by ... vehicle.): Struck. Fell off. Run over by ... vehicle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John D. Maloney M.D.

(Degree or title): Dep. Med Exam

ADDRESS: Hyattsville, Md

DATE SIGNED: 5-22-54

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF: 5-22-54

NAME OF CEMETERY OR CREMATORY: J. W. Rhines & Co.

LOCATION (City, town or county) (State): 901 3rd St S.W. D.C.

DATE REC'D BY LOCAL REG.: 5-23-54

REGISTRAR'S SIGNATURE: Amanda [illegible] Carrie F. Campbell.

24. FUNERAL DIRECTOR: J. W. Rhines & Co. Fun. Home

ADDRESS: 901 3rd St S.W. Wash., D.C.

RECEIVED
MAY 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04837

4833

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 4½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 904 Jackson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 904 Jackson Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Preusser (Last) Joachim

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 22 1882

9. AGE last birthday: 72 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Easton, Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Richard F. Preusser

14. MOTHER'S MAIDEN NAME: Marguerite Stroub

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. G. H. Lester 904 Jackson Ave., Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	4 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary arteriosclerosis	Years
DUE TO		
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus 16 yrs. / Blindness, complete 20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 27, 1949, to May 24, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at 9:05 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Wallace M. Mook M.D. 7701 Carroll Ave. Takoma Park Md. 5/24/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 27, 1954

NAME OF CEMETERY OR CREMATORY: Prospect Hill

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: May 26 1954

REGISTRAR'S SIGNATURE: James Devers

24. FUNERAL DIRECTOR — ADDRESS: J. W. Lee's Sons Co. Wash. D.C.

RECEIVED
JUN 1 1954
BUREAU V. S.

Item 8 & 9 Film G166 6-3-54 jst 1883
Item 23 film G 166 5/24/54 [illegible]

04835
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (in this place) 38 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6421 - Oxon Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Oxon Hill
STREET ADDRESS (If rural, give location) 6421 Oxon Hill Rd

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Jones

4. DATE OF DEATH (Month) May (Day) 16 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (write)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Nov 14, 1886	67 yrs.	68			

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Manufacturer	New York	U. S. A.

13. FATHER'S NAME: Charles Francis Jones

14. MOTHER'S MAIDEN NAME: Mona McClaury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	[illegible]	William M Jones, 6423 Oxon Hill Rd, Oxon Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardiovascular renal disease	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James H Boyd M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
cremation	5/19/54	J. H. Lee's Son Co.	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 18-54	Howard Beall mmb	J. H. Lee's Son Co.	Wash. D.C.

VS. A15A - 5 - 53

MAY 19 1954

JREAU V. S.

04838

MARYLAND 4826

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Pr George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park — LENGTH OF STAY (in this place) 45 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5011 Indian Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 5011 Indian Lane

3. NAME OF DECEASED (Type or Print): (First) JEAN (Middle) PAUL (Last) JONES

4. DATE OF DEATH: (Month) MAY (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec 10, 1878

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bridge Tail Worker

10b. KIND OF BUSINESS OR INDUSTRY: IRON WORK

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thos W. Jones

14. MOTHER'S MAIDEN NAME: Eugene Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 577-10-4192

17. INFORMANT AND ADDRESS: Marguerite Watts (address as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 332X Bronchopneumonia — Interval Between Onset and Death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral Thrombosis with Left hemiplegia — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Neither

PLACE (Home, farm, factory, street, OF INJURY office bldg., etc.): —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5 1954 to May 1954, that I last saw the deceased alive on May 12 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS College Park Md DATE SIGNED 5-21-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/24/54 — NAME OF CEMETERY OR CREMATORY: St Johns — LOCATION (City, town, or county) Bellsville — (State) Md

DATE REC'D BY LOCAL REG. May 21-1954 — REGISTRAR'S SIGNATURE: Johns D Smith

24. FUNERAL DIRECTOR: T Gude & Sons — ADDRESS: Hyattsville, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 27 1954
BUREAU V. S.

04839

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4856

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND Md.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham
STREET ADDRESS (If rural give location) Rt # 2

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) (Last) Kagle

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 25, 1875
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington DC
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — Teulon
14. MOTHER'S MAIDEN NAME: Emily Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Hospital Records, Cheverly Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Inter-cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertensive Cardio Vascular Disease — 8 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1954 to 5/25, 1954, that I last saw the deceased alive on 5/25, 1954, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE Norman Dent Cannon MD M. D. ADDRESS 3503 Perry St. Mt Rainier Md DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: May 27, 1954
NAME OF CEMETERY OR CREMATORY: Whitfield Cemetery
LOCATION (City, town, or county) (State): Lanham Md

DATE REC'D BY LOCAL REGISTRAR: 5/27/54
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: F Gascha Sons
ADDRESS: Hyattsville, Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
JUN 1 19 4
BUREAU V. S.

4857

04840

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly
LENGTH OF STAY (in this place) 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Pr. Geo
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel 41
STREET ADDRESS (If rural, give location) 51-B Street

3. NAME OF DECEASED: (Type or Print) (First) Valentine (Middle) Kaiser (Last) Jr.
4. DATE OF DEATH (Month) 5 (Day) 5 (Year) 1954
5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Sept 10 1904
9. AGE Last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Groom
10b. KIND OF BUSINESS OR INDUSTRY Race Track
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Valentine Kaiser
14. MOTHER'S MAIDEN NAME: Edith Trask
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Evelyn Nicholson Sister - Same add.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)
Immediate cause (a) 983X Cerebral compression
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Subdural hematoma & cerebral concussion
DUE TO
(c) Fracture of skull

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street
21c. (City or town) Laurel (County) Pr. Geo (State) Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 5-5-54-12:05 A M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Struck by another man during fight

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒ Undetermined cause ☐.

SIGNATURE John D. Maloney (Hyattsville Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/5/54
NAME OF CEMETERY OR CREMATORY DeWitt Donaldson
LOCATION (City, town, or county) (State) Laurel, Md.

DATE RECD BY LOCAL REG. 5/5/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR DeWitt Donaldson
ADDRESS Laurel Md.

MAY 10 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ~~1829~~ 05799

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville 15
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2405 Kirston Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 2405 Kirston Street

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Alexander (Last) Kleinotas

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/25/19

9. AGE last birthday: 35 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Inventory clerk,

10b. KIND OF BUSINESS OR INDUSTRY: Giant Food Store

11. BIRTHPLACE (State or foreign country): Lowell, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Kleinotas

14. MOTHER'S MAIDEN NAME: Martha Naurekevich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW #2

16. SOCIAL SECURITY NO.: 019-01-7039

17. INFORMANT & ADDRESS: Mrs. Marcella Kleinotas, 2405 Kirston St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Myocardial infarction — Interval Between Onset And Death: 21 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ulcer, duodenum — 4 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to May 31, 1954, that I last saw the deceased alive on May 31, 1954, and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Roberts M.D. — ADDRESS 8901 Colesville Road Silver Spring Md. — DATE SIGNED May 31, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. + burial — DATE THEREOF 6/3/54 — NAME OF CEMETERY OR CREMATORY Avella Cemetery — LOCATION (City, town, or county) (State) Avella, Washington Co., Pa.

DATE REC'D BY LOCAL REGISTRAR Jun 4 1954 — REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR Warner E. Lumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

RECEIVED
JUN 7 1954
BUREAU V. S.

05860

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4885

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 1 film G 167 6/10/54 cm

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Coral Hills,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo's Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside
STREET ADDRESS (If rural, give location) 5503- Marlboro Road S. E.

3. NAME OF DECEASED (Type or Print) (First) ANTON (Middle) (Last) KODAY
4. DATE OF DEATH (Month) (Day) (Year) May 26th. 1954 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 22-1882
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retiro
10b. KIND OF BUSINESS OR INDUSTRY Iron Worker
11. BIRTHPLACE (State or foreign country) Prauge, Czechosloviak
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Koday
14. MOTHER'S MAIDEN NAME Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 578-30-0590
17. INFORMANT AND ADDRESS Mrs Mary Blank- 5503- Marlboro Road S. E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1944 to May 26, 1954, that I last saw the deceased alive on 5/25, 1954, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. J. P. Howard Mec D. ADDRESS 1331- Hopkins Rd. N.E. Wash. D.C. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 28-54
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. May 28-54
REGISTRAR'S SIGNATURE Howard J. Beall
24. FUNERAL DIRECTOR Simmons Bros ADDRESS 1661 Gil Hope Road S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 8 1954
BUREAU V. S.

Film#G166 Item# 7
5/17/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04841

4858

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md.
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Colmar Manor
STREET ADDRESS (If rural give location) 3804 Newark Road

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) C (Last) Lane
4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: March 30, 1872
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10B. KIND OF BUSINESS OR INDUSTRY: grand mine Tea Co.
11. BIRTHPLACE (State or foreign country): Shefield England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephraim Lane
14. MOTHER'S MAIDEN NAME: Mary E. Clews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: 3804 Newark Road Mrs L. T. Croson Colmar Manor Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarction — 7 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Cardio-Vascular Lesion — 3 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypostatic pneumonia — 10 days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1953, to May 9, 1954, that I last saw the deceased alive on May 9, 1954, and that death occurred at 7 45 P. M, from the causes and on the date stated above.

SIGNATURE Leon R Gallin
ADDRESS M. D. 3827-34th St Mt Rainier
DATE SIGNED 10 May 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF May 12-54
NAME OF CEMETERY OR CREMATORY National Memorial Park
LOCATION (City, town, or county) (State) VA

DATE REC'D BY LOCAL REGISTRAR 5/11/54
REGISTRAR'S SIGNATURE Amanda Downey
24 FUNERAL DIRECTOR Simmons Bros
ADDRESS 1661-9th Hope Rd SE

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

RECEIVED
MAY 13 1954
BUREAU V.

: 4486

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 04842

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8200 Marlboro Pike S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Edna (Last) Lewis
4. DATE OF DEATH (Month) May (Day) 24 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 12, 1897
9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Fielder Colbert
14. MOTHER'S MAIDEN NAME: Lucy Wells
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Charles F. Lewis, Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James D. Ross M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5-25-54
NAME OF CEMETERY OR CREMATORY Rollins Funeral Home
LOCATION (City, town, or county) (State) 4339 Hunts Pl. N.E. Wash., D.C.

DATE REC'D BY LOCAL REG. 5-25-54
REGISTRAR'S SIGNATURE Amanda Downey
Carrie F. Campbell.

24. FUNERAL DIRECTOR Myrtle K. Rollins
ADDRESS 4339 Hunts Pl. N.E. Wash., D.C.

RECEIVED
MAY 28 1
BUREAU V. S.

04843

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4830

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
LENGTH OF STAY (in this place) 20 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2119 Beechwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville Md
STREET ADDRESS (If rural, give location) 2119 Beechwood Rd

3. NAME OF DECEASED: (Type or Print) (First) MAY (Middle) (Last) LIPPINCOTT

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 13, 1867
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Gladius Petrie
14. MOTHER'S MAIDEN NAME: Berthania Tripp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs John Nelson W. Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 782.4

Immediate cause (a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 Days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senility (Natural Causes)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☑ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1954, to May 1, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 6:45 A.m., from the causes and on the date stated above.

SIGNATURE John R Harrington (DEGREE OR TITLE) MD ADDRESS 3810-12 NE Wash. DC DATE SIGNED 5/1/54

23. BURIAL, CREMATION REMOVAL (Specify): Transportation DATE THEREOF May 1, 1954 NAME OF CEMETERY OR CREMATORY Cohocton LOCATION (City, town, or county) New York (State)

DATE REC'D BY LOCAL REG. May 1, 1954 REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04844

4834 **CERTIFICATE OF DEATH** Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6906 SYCAMORE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
STREET ADDRESS (If rural give location) 6906 Sycamore Ave.

3. NAME OF DECEASED: (Type or Print) (First) COLIN (Middle) RUSSELL (Last) MACKINTOSH
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: APRIL 15, 1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): CIVIL ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: POTOMAC ELEC POWER CO
11. BIRTHPLACE (State or foreign country): HALIFAX, NOVA SCOTIA, CAN
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN MACKINTOSH
14. MOTHER'S MAIDEN NAME: HARRIS
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: FLORA M. MACKINTOSH, 6906 SYCAMORE AVE., TAKOMA PARK, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: O2X (a) Ruptured Aneurysm Abdominal Aorta — Interval Between Onset And Death: 3-4 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Heart Disease — 5-10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to 28 May, 1954, that I last saw the deceased alive on 1 May, 1954, and that death occurred at 6 3/4 AM, from the causes and on the date stated above.

SIGNATURE G. B. Queen (Degree or title) M.D. ADDRESS 7112 Willow Ave Takoma Park Md DATE SIGNED 28 May 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 1, 1954
NAME OF CEMETERY OR CREMATORY Arlington Nat'l Cemetery
LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REGISTRAR May 29 1954
REGISTRAR'S SIGNATURE James Devey
24. FUNERAL DIRECTOR Arthur J. Walters ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

Dr. Maloney, coroner, was notified and certificate authorized by him.

[illegible]

RECEIVED
JUN 1 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04845

CERTIFICATE OF DEATH

4887

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, College Park — LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Branch Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park 14
STREET ADDRESS (If rural, give location) 4909 Blackfoot Rd.

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) Anthony (Last) Marcusz

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 6 1880

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Tailoring

11. BIRTHPLACE (State or foreign country): Wilno Poland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Anthony Marcusz

14. MOTHER'S MAIDEN NAME: Madeline ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Wagner Aleksiewicz, as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
1332X Immediate cause	(a) Bronchopneumonia	1 week
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cerebral thrombosis	3 weeks
DUE TO		
	(c) Hypertension	Years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1954, to May 6, 1954, that I last saw the deceased alive on May 5, 1954, and that death occurred at 7:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Arthur R. Bergman, M.D. ADDRESS 8801 Colesville Rd., Silver Spring DATE SIGNED May 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 10 1954 — NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. May 6-1954 — REGISTRAR'S SIGNATURE John D Smith

24. FUNERAL DIRECTOR Arthur L. Walters — ADDRESS 234 Carroll St NW Takoma Park DC

RECEIVED
MAY 10 1954
BUREAU V. S.

Item 9 film G167 6/7/54 cm 4888

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 234

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Springs
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5300 Auth Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Camp Springs
STREET ADDRESS (If rural, give location) 5300 Auth Road S.E.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) Marescalco

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 6, 1896
9. AGE last birthday: 57 58 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Pedro De' Pasquale
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Laramie Greco, 5252 Auth Rd SE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 4[illegible]X (a) acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular renal disease
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Boyd M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-23-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/26/54
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md.

DATE REC'D BY LOCAL REG. May 23-54
REGISTRAR'S SIGNATURE Howard J. Beall
24. FUNERAL DIRECTOR [illegible] Sons Co.
ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
MAY 27 1954
BUREAU V. S.

9889

04847
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Estates | LENGTH OF STAY (In this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5803 Fairwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY 4/n.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D C. ✓
STREET ADDRESS (If rural, give location) 1921 Lincoln Road N.E.

3. NAME OF DECEASED: (Type or Print) (First) Dwight (Middle) Lafayette (Last) Martin
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9-19-1900
9. AGE Last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George L. Martin
14. MOTHER'S MAIDEN NAME: Sarah Sebastion
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service) UNK
16. SOCIAL SECURITY NO.: UNK
17. INFORMANT & ADDRESS: Wife - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive heart failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Occlusion	
	(c) DUE TO Cardiovascular disease	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John D Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 5-3-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/6/54
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. 5/3/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W.W. CHAMBERS, CO
ADDRESS 1400 CHAPIN WASHINGTON D.C.

VS. A15A - 5 - 53

04848

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4831

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE 15
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6318 23rd AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural give location) 6318 23rd AVE.

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) PAUL (Last) McCLEARY

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: Nov. 8, 1950
9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PAUL McCLEARY
14. MOTHER'S MAIDEN NAME: MARY HARNED

15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: 6318 - 23rd Ave. Paul McCleary Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

180X

Immediate cause (a) Carcinoma (Wilms) left Kidney

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 6 1953
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left Kidney
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1953, to May 23 1954, that I last saw the deceased alive on May 8, 1954, and that death occurred at 6 55 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or Title) Philip A. Caulfield #8 W. Lenox St. ADDRESS Chevy Chase Md. DATE SIGNED 5/23/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/26/54
NAME OF CEMETERY OR CREMATORY George Wash Cem
LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 25 1954
REGISTRAR'S SIGNATURE James Devery
24. FUNERAL DIRECTOR S. H. Hines Co. ADDRESS Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 195
BUREAU V. S.

04849

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

4890

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarden
LENGTH OF STAY (in this place) 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenarden Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarden
STREET ADDRESS (If rural, give location) Glenarden Parkway

3. NAME OF DECEASED (Type or Print) (First) Della (Middle) McCullers (Last)

4. DATE OF DEATH (Month) May (Day) 1 (Year) 1954

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 28, 1880
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel - Prop.
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Raleigh, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Hakkis
14. MOTHER'S MAIDEN NAME Henrietta Chavis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Sherman (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	unk
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — unk.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1954 to May 1, 1954 that I last saw the deceased alive on May 1, 1954, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE H. E. Beldon, M.D. (Degree or title) ADDRESS H. C. Beldon, M.D. 4423 Hunt Pl. N.E. Wash'n, D.C. DATE SIGNED 5-1-54

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]
DATE THEREOF 5/4/54
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible] Md.

DATE REC'D BY LOCAL REG. 5/1/54
REGISTRAR'S SIGNATURE A. Downey Lincoln, Jr. Carrie F. Campbell
24. FUNERAL DIRECTOR Wm. Spangler - Washington D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1954
BUREAU V. S.

04850

MARYLAND 4859

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4512 Longfellow St.

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) Mae (Last) McFarland
4. DATE OF DEATH (Month) May (Day) 3 (Year) 1954

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Dec. 27, 1887
9. AGE last birthday 66 yrs. If under 1 year: Months, Days. If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Hamilton Nat'l Bank.
11. BIRTHPLACE (State or foreign country) Bladensburg Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Edward Hartley
14. MOTHER'S MAIDEN NAME Sara Elizabeth Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Hosp. records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

Immediate cause (a) Acute Coronary Thrombosis — 4 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Dis — 4 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1938, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 11 10 A m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED May 3, 1954

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 6, 1954
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Bladensburg (State) Md

DATE REC'D BY LOCAL REG. May 5, 1954
REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR F. Gascho Sons Hyattsville, Md ADDRESS

RECEIVED
MAY 7 1954
BUREAU V. S.

1832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

04851

Reg. Dist. No. 32-5

1. PLACE OF DEATH:
County: PRINCE GEORGE
City or town: HYATTSVILLE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3YRS
Hospital, institution, or street address where death occurred: SACRED HEART HOME
How long in hospital or institution? 3YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: MONTGOMERY
City or town: BETHESDA
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5301 MCKINLEY
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: FRANCES B. MC NERNEY

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOWED

6.(b) Name of husband or wife: THOMAS H. MCNERNEY
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): MAY 8/69

8. AGE: Years: 85 Months: Days: If less than one day: hrs. min.

9. Birthplace: WASH D.C.
(Town, county, and state)

10. Usual occupation: HOUSEWIFE

11. Industry or business:

FATHER 12. Name: AUGUSTUS PLUMMER
13. Birthplace:

MOTHER 14. Maiden name: JOSEPHINE O'DONNELL
15. Birthplace:

16. Informant: SACRED HEART HOME RECORDS
Address: Hyattsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 21 1954 (month) (day) (year)
Cemetery or crematory: Mt Olivet
Location: Washington D.C.

18. Funeral director: Francis Coolins
Address: 3821-14th St. N.W. Wash. D.C.

May 18 1954 (Date rec'd by registrar) James Sevens Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 18 1954, at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1954 to May 18 1954 and that I last saw h[illegible] alive on May 8, 1954 1954

	DURATION
Immediate cause of death: Cardiac ~~Stroke~~ Failure due to Uraemia	2 wks.
Due to: ~~Stroke~~ Renal Failure	1 month
Due to: Arteriosclerotic Heart Disease	10 yrs.
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Gordon W. Kelley M.D., or other
Address: 6124 - 41st Ave, Hyatts Date signed: 5/18/54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAY 21 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04852

4891

CERTIFICATE OF DEATH

Reg. Dist. No. 740

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AQUASCO
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PRINCE GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN AQUASCO
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) JULIA (Middle) A. (Last) MONTGOMERY

4. DATE OF DEATH: (Month) MAY (Day) 22 (Year) 1954

5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: DEC 23, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): CHARLES CO - MD.
12. CITIZEN OF WHAT COUNTRY? US OF AMER

13. FATHER'S NAME: GEO WILKERSON
14. MOTHER'S MAIDEN NAME: JOSEPHINE SIMS.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: DAUGHTER - MRS. MARTIN KEECH.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY THROMBOSIS — Interval Between Onset And Death 1 WK.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) MYOCARDIAL WEAKNESS — UNKNOWN

DUE TO

(c) AGE

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office ~~bldg., etc.~~) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 5/19/, 1954, to 5/22/, 1954, that I last saw the deceased alive on 5/22/, 1954, and that death occurred at 3:08 AM, from the causes and on the date stated above.

SIGNATURE Vahek M. Seron (Degree or title) MD ADDRESS Aquasco, Md. DATE SIGNED 5/22/54.

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial
DATE THEREOF May 24, 1954
NAME OF CEMETERY OR CREMATORY St. Peter's
LOCATION (City, town, or county) (State) Waldorf, Md.

DATE REC'D BY LOCAL REGISTRAR 5-24-54
REGISTRAR'S SIGNATURE M. L. Mourse
L. H. Billingsley mmt
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1954
BUREAU V. S.

04854

MARYLAND 1892 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY: PRINCE GEO. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: PRINCE GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HILLCRES HIEGHTS — LENGTH OF STAY (in this place): 13 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HILLCREST HEIGHTS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5317-29TH PLACE, SE.	STREET ADDRESS (If rural, give location): 5317-29TH PLACE, S.E.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JENNIE LOUISE MORRIS	4. DATE OF DEATH (Month) (Day) (Year): MAY 21 1954
5. SEX: FEMALE — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED	8. DATE OF BIRTH: NOV-14-1897 — 9. AGE last birthday: 56 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HARIST YORGANIST — 10b. KIND OF BUSINESS OR INDUSTRY: RETIRED	11. BIRTHPLACE (State or foreign country): New York — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles W. Engles	14. MOTHER'S MAIDEN NAME: Lousia Le Brantz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): NONE — 16. SOCIAL SECURITY NO.: —	17. INFORMANT AND ADDRESS: Dorothy Murphy-5317-29-Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Massive coronary thrombosis	
Antecedent cause(s)	(b) myocardial infarcts (previous)	Aug. 1952.-
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) arteriosclerotic heart disease	May 21. 54.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to May 21st, 1954, that I last saw the deceased alive on 21st of May, 1954, and that death occurred at W. May 54 2:00 p.m. m., from the causes and on the date stated above.

SIGNATURE: Lulu L. Dauber, M.D. (Degree or title) ADDRESS: 1503 Good Hope Rd. S.E. DATE SIGNED: 5-21-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 5-24-54	NAME OF CEMETERY OR CREMATORY: Washington Nat'l.	LOCATION (City, town, or county): Suitland, (State): Md.
DATE REC'D BY LOCAL REG.: May 23, 1954	REGISTRAR'S SIGNATURE: Carrie S. Campbell	24. FUNERAL DIRECTOR: W. W. Chambers Co.	ADDRESS: Wash. D.C.

MARGIN RESERVED FOR BINDING

04855

MARYLAND 1860

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly Maryland | LENGTH OF STAY in this place 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillcrest Heights, Maryland
STREET ADDRESS (If rural, give location) 5805 L. St.

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Girl (Last) Palmer

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 19 54

5. SEX: F | 6. COLOR OR RACE: N | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: April 4, 1954 | 9. AGE last birthday: 28 days | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wash. D.C | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? | 14. MOTHER'S MAIDEN NAME: Palmer Sara L

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Mostellar

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4 **Immediate cause** (a) Acute respiratory Collapse

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pulmonary Hypoplasia

(c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15, 1954, to 5/2, 1954, that I last saw the deceased alive on 5/2, 1954, and that death occurred at 5:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Christensen Jr. M.D. ADDRESS College Park DATE SIGNED 5/2/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 4 54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Pr Georges

DATE REC'D BY LOCAL REG. 5/3/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Jos. Ryan Inc. ADDRESS 317 Rhode Is Wash. D.C

9644 9949 ++

MARGIN RESERVED FOR BINDING

RECEIVED
10 1954
BUREAU V. S

Film#G167 Item# 8
6/16/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4893

CERTIFICATE OF DEATH

04857

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Decatur Heights
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5000 Tilden Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Decatur Heights Md.
STREET ADDRESS (If rural give location) 5000 Tilden Road

3. NAME OF DECEASED: (Type or Print) (First) Vurl (Middle) H (Last) Ray

4. DATE OF DEATH: (Month) May 29, (Day) (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov 2, 1906
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: schoolteacher
10b. KIND OF BUSINESS OR INDUSTRY: Bladensburg Md Primary
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Emert Hillenburg
14. MOTHER'S MAIDEN NAME: Effie Cain

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Stanford B. Ray Decatur Heights Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

197X

Immediate cause (a) Rhabdomyosarcoma
DUE TO Extra peritoneal

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

Interval Between Onset And Death: 3 mo.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: apr 10, 1954
19b. MAJOR FINDINGS OF OPERATION: Extensive Extraperitoneal tumor
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1943, to May 29, 1954, that I last saw the deceased alive on May 28, 1954, and that death occurred at 6 03 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) L W Malin MD
ADDRESS Riverdale, Md
DATE SIGNED 5-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation
DATE THEREOF May 31, 1954
NAME OF CEMETERY OR CREMATORY New Richmond
LOCATION (City, town, or county) Indiana (State)
DATE REC'D BY LOCAL REGISTRAR May 30 1954
REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR F. Gasch's Sons
ADDRESS Hyattsville, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1954
BUREAU V. S.

Film#G166 Item# 8,9
5/14/54 emf

MARYLAND STATE DEPARTMENT OF HEALTH—~~BALTIMORE, 15~~

04858

4894 CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Langley Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1204 Holton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Langley Park
STREET ADDRESS (If rural give location) 1204 Holton Lane

3. NAME OF DECEASED: (Type or Print) (First) Iva (Middle) Evangeline (Last) RHODES

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May ~~6~~ 10 189~~3~~4
9. AGE last birthday: ~~60~~ 59 yrs. IF UNDER 1 YEAR Months 11 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Readsboro, Vermont
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank A. Taintor
14. MOTHER'S MAIDEN NAME: Anna A. Blanchard

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: James R. Rhodes-Same Item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause (a) Carcinoma toses — Interval Between Onset And Death
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Adeno carcinoma of submaxillary gland — 3 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1953, to May 6, 1954, that I last saw the deceased alive on April 30, 1954, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Jeanne C Bateman MD
ADDRESS 1339 H St. N.W. Wash 5 DC
DATE SIGNED May 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 5/10/1954
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Prince George Maryland

DATE REC'D BY LOCAL REGISTRAR May 7 1954
REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04859

4895

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant; LENGTH OF STAY (In this place) 2 1/2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 7019-7 Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY P. G.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant; STREET ADDRESS (If rural, give location) 7019-7 Street

3. NAME OF DECEASED (Type or Print): (First) LeRoy (Middle) (Last) Richardson

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 1900

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Richardson

14. MOTHER'S MAIDEN NAME: Mollie Carroll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: John Richardson 6141 Stanford [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the lung

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H Boyd M.D. Forestville Md. 5-26-54

23. BURIAL, CREMATION, REMOVAL: DATE THEREOF 5/27/54; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5/26/54; REGISTRAR'S SIGNATURE Amanda Downey Carrie Campbell.

24. FUNERAL DIRECTOR: W. W. Chandlee Wash. D.C. ADDRESS

RECEIVED
JUN 1 1954
BUREAU V. S.

04860

4861

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 1 Mo. 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS 6502 (If rural, give location) 44th Avenue

3. NAME OF DECEASED (Type or Print) (First) NELLIE (Middle) M. (Last) ROBERTSON
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 9-27-1879
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY –
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Maloeny
14. MOTHER'S MAIDEN NAME Jane Luddington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. –
17. INFORMANT AND ADDRESS Mrs. Erwin L. Le Clerq 6502 - 44th Ave University Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage (Hemiplegia) — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — Several Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3, 1954, to 5-19, 1954, that I last saw the deceased alive on 5-19, 1954, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE James P. Sands, M.D. (Degree or title) ADDRESS Laurel Sanitarium, Laurel, Md. DATE SIGNED 5-19-54

23. BURIAL, CREMATION REMOVAL (Specify) Transportation DATE THEREOF 5/21/54 NAME OF CEMETERY OR CREMATORY Denver Colorado LOCATION (City, town, or county) (State) Denver Colorado
DATE REC'D BY LOCAL REG. 5-21-54 REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville, Md.
5-25-54 M. Brashears

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04861

1896 **CERTIFICATE OF DEATH**

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN) Glenn Dale (rural) — LENGTH OF STAY (in this place) 2 months & 27 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. — COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1509 16th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Charles	H.	Rodgers	5	16	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	12/6/65	88 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerical Worker	Federal Trade Commission	Lexington, S. Carolina	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William K. Rodgers	Mary T. Dunn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 4 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2/19, 1954, to 5/16, 1954, that I last saw the deceased alive on 5/16, 1954, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Frances D'Coste M.D.		Glenn Dale Maryland	5/16/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county) (State)
Burial	5/19/54	Mount Olivet	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/17/54	[illegible]	The S. H. Hines Co.	Wash. D.C.

RECEIVED
JUN 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04862

Item 14 film G167 6/10/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH. COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) 513 - 8th St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Rogers

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1954 12.05 pm

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 24, 1954
9. AGE last birthday ——— yrs. IF UNDER 1 YEAR: Months Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): P.G. Hosp. Cheverly Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Rogers
14. MOTHER'S MAIDEN NAME: Elitha Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Samuel Rogers Md Muirkirk

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4

IMMEDIATE CAUSE (A) Pulmonary hypoplasia

ANTECEDENT CAUSE (B) DUE TO Acute Cardiac failure

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Prematurity

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at 12.05 p. M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Cedar Park DATE SIGNED 5/28/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 29 1954
NAME OF CEMETERY OR CREMATORY Bacons Chapel
LOCATION (City, town, or county) (State) Anne Arundel Co Md

DATE REC'D BY LOCAL REGISTRAR May 29-54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ridgley Selby
ADDRESS 401 Wash Ave Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

205442422

RECEIVED
JUN 3 1954
BUREAU V. S.

MARYLAND 1897

04863

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bellsville
STREET ADDRESS (If rural, give location) Odell Road

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) (Last) ROSS SR.

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 5-6-1872

9. AGE last birthday: 82 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: AUGUSTUS ROSS

14. MOTHER'S MAIDEN NAME: SARAH HARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: JAMES N. ROSS 2205 13th NE DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 334X Hemiplegia — 12 Days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 3 yrs.

(c) Arteriosclerosis — 10 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 1954, to 5/22, 1954 that I last saw the deceased alive on 5/22, 1954 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. P. Warren M.D. ADDRESS Laurel DATE SIGNED 5/22/54 Md

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 5-25-54 | NAME OF CEMETERY OR CREMATORY Queens Chapel | LOCATION (City, town, or county) (State) Muirkirk Md.

DATE REC'D BY LOCAL REG. 5/24/54 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Henry S. Washington & Sons ADDRESS 467 N St. Wash. D.C.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 1 1954
BUREAU V. S.

4863 04864

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 5 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5425-55th Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5425-55th Place

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Rubenstein
4. DATE OF DEATH (Month) (Day) (Year) 5-2-1954
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-18-04
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Statistician
10b. KIND OF BUSINESS OR INDUSTRY: Dept of Labor
11. BIRTHPLACE (State or foreign country): Manchester, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mendal Rubenstein
14. MOTHER'S MAIDEN NAME: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Coronary Occlusion
DUE TO
(c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE John T. Maloney (Hyattsville, Md) M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 5-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF 5/2/54
NAME OF CEMETERY OR CREMATORY Pittsburg
LOCATION (City, town, or county) (State) Pennsylvania

DATE REC'D BY LOCAL REG. May 2 1954
REGISTRAR'S SIGNATURE James Devers
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

4

4864

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

04865

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale | LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 2206 - Drexel Street

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) Arthur (Last) Sebastian

4. DATE OF DEATH: (Month) 5 - (Day) 30 - (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Jan. 5, 1880 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal | BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard S. Sebastiani | 14. MOTHER'S MAIDEN NAME: Pennetta Street

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage o shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral laceration o contusion

(c) Fracture of skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS ✓ PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Hyattsville- | (COUNTY) Pr. Geo. | (STATE) Md

TIME OF INJURY (Month) 5 - (Day) 22 - (Year) 54 (Hour) 10.30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fall down stairs

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John D. Malone M.D. Dep. Md. Exam. Hyattsville, Md 5-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-2-54 | NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery | LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REG. May 30 1954 | REGISTRAR'S SIGNATURE Mrs. Jas. Severs Deputy | 24. FUNERAL DIRECTOR The S. H. Hines Co | ADDRESS 2901-14 St. N.W. Washington 9 D.C.

Local Regs!

VS. A15A

RECEIVED
JUN 2 1954
BUREAU V. S.

4865 04866

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 7 film G166 6/7/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly, Md. LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural give location) 1402 Downing St. N.E.

3. NAME OF DECEASED: (Type or Print) (First) Helen (Middle) Hall (Last) Skinner

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated
8. DATE OF BIRTH: Oct. 12, 1901
9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier
10B. KIND OF BUSINESS OR INDUSTRY: Retired furniture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Dayhoff
14. MOTHER'S MAIDEN NAME: Elsie Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-20-0730
17. INFORMANT & ADDRESS: Kenneth Skinner, Rockville Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSE (S) DUE TO (B) Paget's type Carcinoma of breast — 1½ years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to 5/15, 1954, that I last saw the deceased alive on 5/15, 1954, and that death occurred at 11:55 A.M., from the causes and on the date stated above.

SIGNATURE Norman Dinst Conway M.D. M.D. ADDRESS 3503 Rosey St. Mt Rainier Md DATE SIGNED 5/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF May 19, 1954
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 5/17/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gascha Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MAY 21
BUREAU V. S.

9866

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04867

Item 14 film G166 6/1/54 cm

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural give location) 12 Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Trent

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1954

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S — 8. DATE OF BIRTH: May 24 1954 — 9. AGE Last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 4, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): P.G. Co. Hospital Cheverly, Md. — 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Ned Trent — 14. MOTHER'S MAIDEN NAME: Helen Laster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — 17. INFORMANT & ADDRESS: Helen Laster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 770.5 — DUE TO — 5 1/2 Months Gestation — 4½ hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO — prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mother Rh Negative

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24 1954, to May 24, 1954, that I last saw the deceased alive on May 24, 1954, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) M Warren MD — ADDRESS Laurel Md — DATE SIGNED 5/25/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 27-1954 — NAME OF CEMETERY OR CREMATORY New Life — LOCATION (City, town, or county) (State) Chesapeake Home Lawn.

DATE REC'D BY LOCAL REGISTRAR 5/26/54 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS Ward Donaldson Laurel, Md

2054262240

VS. A15

RECEIVED
MAY 28 1954
BUREAU V.

04868

MARYLAND STATE DEPARTMENT OF HEALTH

4898

CERTIFICATE OF DEATH

Items 13 & 14 film G168 7/6/54 CM

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Geo (MARYLAND); CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville; LENGTH OF STAY (In this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 6226 Ritchie Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) Child Welfare Bureau

3. NAME OF DECEASED (Type or Print): (First) Sallie (Middle) (Last) Trent

4. DATE OF DEATH: (Month) 5 (Day) 29 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan 7, 1954

9. AGE last birthday yrs.: If under 1 year Months 4 Days 22; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Police P. Geo. Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
9369 Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subarachnoid hemorrhage	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE James D. Boyd (Degree or title) M.D. ADDRESS Forestville Md DATE SIGNED 5-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal; DATE THEREOF 5-30-54; NAME OF CEMETERY OR CREMATORY D. C. Morse; LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 5-30-54; REGISTRAR'S SIGNATURE Amanda Summey Carrie Campbell

24. FUNERAL DIRECTOR ADDRESS E. Brooks Sons - Hyattsville, Md.

RECEIVED
JUN 7 19
BUREAU V.

6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04869

Item 8film G167 6/7/54 cm 4867

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Riverdale
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Riverdale~~ College Park, Md.
STREET ADDRESS (If rural give location) Cherry Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Raymond B. (Middle) (Last) Walters

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married
8. DATE OF BIRTH: 12-30-1909
9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months 2 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Maintanance
10b. KIND OF BUSINESS OR INDUSTRY: General - Machinery
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William Jefferson Walters
14. MOTHER'S MAIDEN NAME: Lou Shike

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-03-9558
17. INFORMANT & ADDRESS: Evelyn Walters-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lung hemorrhage — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Lung abscess — 3 mo.

DUE TO

(c) Carcinoma, right lung — unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to May 23, 1954, that I last saw the deceased alive on May 22, 1954, and that death occurred at 4:42 AM, from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, Md DATE SIGNED 5-23-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-26-54
NAME OF CEMETERY OR CREMATORY George Washington
LOCATION (City, town, or county) (State) Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR May 25, 1954
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 27 1954
BUREAU V. S.

Film#G166 Item# 8,9 5/20/54 e mf

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04870
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capital Heights
LENGTH OF STAY (in this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6216 I Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Landover Hills Md
STREET ADDRESS (If rural, give location) 6908 Barton Road

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Franklin (Last) Wood

4. DATE OF DEATH (Month) (Day) (Year) May 7, 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
male	White	Married	July 29, 1904	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Bricklayer	Self employed	Washington D. C.	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William M. Wood	Rosa King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Florence Wood Landover Hills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Hemorrhage and Shock
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Eroding Peptic Ulcer
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 5-7-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/10/54	National Memorial Park	Falls Church Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/9/54	Amanda Downey Carrie Campbell.	F Buscher Son	Hyattsville Md.

MAY 14 1954

BUREAU V. S.

4899

04871

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 241

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Pk. Md.
LENGTH OF STAY (in this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6403 - Buchan Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park Md.
STREET ADDRESS (If rural, give location) 6403 Buchanan

3. NAME OF DECEASED (Type or Print) (First) ~~Louis~~ Lewis (Middle) Aloysius (Last) Wood

4. DATE OF DEATH (Month) 5 (Day) 11 (Year) 54

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH I-16-67
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Bricklayer
11. BIRTHPLACE (State or foreign country) Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Andrew J. Wood
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Emmett, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4427

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1954, to May 11, 1954, that I last saw the deceased alive on May 10, 1954, and that death occurred at 3:45 A.m., from the causes and on the date stated above.

SIGNATURE James J Boyd (Degree or title) M D ADDRESS Forestville Md DATE SIGNED 5-11-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-14-1954
NAME OF CEMETERY OR CREMATORY Holy Rood
LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. May 11-54
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR Jas T. Ryan Inc. ADDRESS 317 Pa Ave SE

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1954
BUREAU V. S.

04872

MARYLAND STATE DEPARTMENT OF HEALTH

4869 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly 38
LENGTH OF STAY (In this place) 17 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arlington 83X-3
STREET ADDRESS (If rural, give location) 1410 - South George Mason Drive

3. NAME OF DECEASED (Type or Print) (First) Lillian (Middle) Ellis (Last) Zollinger
4. DATE OF DEATH (Month) May (Day) 15 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7-4-1875
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Hiram Eddins
14. MOTHER'S MAIDEN NAME Hulda Elnore Haney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Clara Schooly - 4440 Yuma St., N.W., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

916.0

Immediate cause (a) Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2nd & 3rd degree burns of body

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Hyattsville - (COUNTY) Pr. Geo. - 16 (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 5-15-54 2.55 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Conflagration in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Dep. Med. Exam. Hyattsville, Md. 5-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 18, 1954
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 5/17/54
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch & Sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.